

5929 Balcones Drive, Suite 200 Austin, TX 78731

T [512] 343-2544 F [512] 343-0119

July 1, 2015

VIA ECFS

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, S.W. Washington, D.C. 20554

RE: WC Docket No. 14-58 – ETC Annual Reports and Certifications

Annual Report pursuant to 47 C.F.R. §§54.313 and 54.422

Dear Ms. Dortch:

Cumby Telephone Cooperative, Inc., by its authorized representative, hereby files its FCC Form 481 - Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. §§54.313 and 54.422.

The FCC Form 481 has been completed, certified, and submitted to the Universal Service Administrative Company.

A copy of the FCC Form 481 is also being submitted to the state regulatory commission pursuant to §§54.313(i) and 54.422(c).

Please contact me if you have any questions.

Sincerely,

Dorothy Young

Authorized Representative for Cumby Telephone Cooperative, Inc.

) orather young

DY/pjf

cc: Ms. Karen Zimmerman, Cumby Telephone Cooperative, Inc.



FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3 July 2013	060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	449004		
<015>	Study Area Name	CUMBY TEL COOP INC		
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Vonda Kerby		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9039942211 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030>	vondak@cumbytel.com		
				54.313 54.422 Completion Completion
ANNUA	AL REPORTING FOR ALL CARRIERS			Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete) ✓
<200>	Outage Reporting (voice)		(complete attached worksheet)	✓ ✓
<210>		o outages to report		√
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)			
			(attach description	ve document)
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)			
			(attach descript	tive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			✓ ✓
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broad	band)		
<440>	Fixed			
<450>	Mobile Service Quality Standards & Consumer Protection F	Rules Compliance	(about to indicate contification)	
<500>	449004tx510.pdf	tales compliance	(check to indicate certification)	_ v _ v
<510>			(attached descriptive document)	√
<600>	Functionality in Emergency Situations		(check to indicate certification)	
10001	449004tx610.pdf			
			(attached descriptive document)	✓ ✓
<610>				
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
	Operating Companies and Affiliates		(complete attached worksheet)	
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Certification		ves, complete attached worksheet)	→
10007	449004tx1010.pdf	Υe	es	
<1010>			(attach descriptive document)	✓
<1100>	 Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	✓
		, 5 0	(complete attached worksheet)	
<1110>				

	merdaning have by herann barners affinated with the bap bottom exercises
<2000>	(check to indicate certification
<2005>	(complete attached worksheet

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)
<3005> (complete attached worksheet)

(100) Se	ervice Quality Improvement Reporting			FCC Form 481
Data Co	llection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	449004		
<015>	Study Area Name	CUMBY TEL COOP INC	!	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby		
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	vondak@cumbytel.co	om	
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no)	\bigcirc \bigcirc	
<111>	year plan" filed with the FCC?	(yes / no)	00	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	Na	ame of Attached Document
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality		
<116>	How much (USF) was used to improve service coverage and how support was used to improve	prove service coverage		
<117>	How much (USF) was used to improve service capacity and how support was used to improve	rove service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vondak@cumbytel.com

<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage		
	Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
		-										
		-										
		-							-			
		L										

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	44904
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vondak@cumbytel.com

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

<703> <a1> <a3> <a2> Residential Local Service Rate Mandatory Extended Area Service Charge Rate Type State Exchange (ILEC) SAC (CETC) State Subscriber Line Charge Total per line Rates and Fee State Universal Service Fee -- See attached worksheet

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vondak@cumbytel.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)

	perating Companies Election Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	449004		
<015>		CUMBY TEL COC	OR INC	
<020>		2016	JP INC	
<030>		Vonda Kerby		
<035>			ĸt.	
<039>	·		tel.com	
	Reporting Carrier Cumby Telephone Cooperative, Inc.			
<810>	Reporting currer			
<811>				
<812>	Operating Company Cumby Telelphone Cooperative, Inc.			
<813>	<a1></a1>		<a2></a2>	<a3></a3>
	Affiliates		SAC	Doing Business As Company or Brand Designation
		See att	ached worksh	<u> </u>
		Occ att	derica worksri	
				-
			!	

(900) Trib	900) Tribal Lands Reporting FCC Form 481		
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
		July 2013	
<010>	Study Area Code	449004	
<015>	Study Area Name	CUMBY TEL COOP INC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <0303	vondak@cumbytel.com	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confir demons	(a)(9) includes:	Select /es or No or Not Applicable	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		

(1100) N	Io Terrestrial Backhaul Reporting			FCC Form 481
Data Co	llection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	449004	ŀ	
<015>	Study Area Name	CUMBY	TEL COOP INC	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Vonda	Kerby	
<035>	Contact Telephone Number - Number of person identified in data line <030>	903994	12211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	vondal	k@cumbytel.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported are pursuant to § 54.313(g) (Yes, No).	a		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	6 kbps		

	rms and Condition for Lifeline Customers			FCC Form 481
Lifeline				OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form			July 2013
<010>	Study Area Code		449004	
<015>	Study Area Name		CUMBY TEL COOP INC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding this data		Vonda Kerby	
<035>	Contact Telephone Number - Number of person identified in data li		9039942211 ext.	
<039>	Contact Email Address - Email Address of person identified in data	ine <030>	vondak@cumbytel.com	
			449004tx1210.pdf	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			Name of Attached Document
				Name of Attached Document
<1220>	Link to Public Website	HTTP		
or the we	neck these boxes below to confirm that the attached document(s), on line is bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mus report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	✓		
<1222>	Details on the number of minutes provided as part of the plan,	✓		
<1223>	Additional charges for toll calls, and rates for each such plan.	\checkmark		

(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	449004	
<015>	Study Area Name	CUMBY TEL COOP INC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3033342211 Ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	vondak@cumbyte1.com	
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr		America Phase I support, frozen High Cost support, High Cost support to offset access charge reduction
Connect	Incremental Connect America Phase I reporting	nation reported on this form and in	the documents attached below is accurate.
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}		
<2011a			
\2011u	31d Teal Certification (47 CFR § 34.313(b)(1)ii)		
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}		
		Nam	ne of Attached Document(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 		
<2013>			
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>			
<20162	Certification Support Osed to Build Broadband		
.2047	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	Sta year broadband Service certification		
<2019	Stil year broadband Service certification		
<2020>	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s addresses of community anchor institutions to which began providing	le 2021, contains the required in hall provide the number, names, access to broadband service in the access to broadband service access to access to broadband service access to access to access access access acces acc	formation, , and the
	preceding calendar year.	-	
.2024	Later Company Company (Company) And Free Later Company		
<2021>	Interim Progress Community Anchor Institutions		
		L	Name of Attached Document(s) Listing Required Information
			- 40 · · · • · · · · · · · · · · · · · · ·

### April Control No. 3000-0585/0MB Control	(3000) Ra	3000) Rate Of Return Carrier Additional Documentation FCC Form 481				
### Status Area Code ### Statu	Data Coll	ection Form		OMB Control No. 3	8060-0986/OMB Control No. 3060-0819	
Stably Area Name ODDS: Program Report on Street Report (April 1998) ORIGINATE Control Train Address: Carlied Address of proposed in the control of propose				July 2013		
Stably Area Name ODDS: Program Report on Street Report (April 1998) ORIGINATE Control Train Address: Carlied Address of proposed in the control of propose						
Program Year Contact Telephone Number of Person Institution data line 4905	<010>	Study Area Code	449004			
Contact Termin Actives: Person Nutries: Number of Person Nutries: A Superior of Person Nutries: A Superior Office (Part Number of Person Numbe						
Object Contact Telephone Number - Number of params indicated in data line + 6020 = 0.939.94.213 e.e.c. CHECK the boxes below to note compliance on its five year sender quality plas (pursuant to 67 CFR \$ \$4.325(s)) and, for privately held corriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR \$ \$4.313(f)(2). In their certify that the information reported on this form and in the documents attached below is accurate. Progress Report on 5 Year Plan Misterior Certification (17 CFR \$ \$4.313(f)(3)) Name of Attached Document Usting Required information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$ \$4.313 (f)(3)(6), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadchard service in the preceding calendary year. Name of Attached Document Usting Required Information Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to \$ \$4.313(f)(2) compliance requires: (2013) Exercision of the Spark of the Spark of CFR \$ \$4.313(f)(1)(1) Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to \$ \$4.313(f)(2) compliance requires: (2015) Exercision copy of their annual titis reports (persuant to \$ \$4.313(f)(2) compliance requires: (2015) Exercision copy of their annual titis reports (persuant to \$ \$4.313(f)(2) contains the required information pursuant to \$ \$4.313(f)(2) compliance requires: (2016) Fifther exponse is year on line 3014, it your company's MLS annual report and all required incommunications in the sequence of their annual titis general to \$4.313(f)(2) contains or noted that persuants to \$4.313(f)(2) contains or noted that persuants to \$4.313(f)(2) contains or noted that persuants to \$6.313 (f) the Balance Sheet, income Statement of Cash Flows Document(s) for Balance Sheet, inc			8.8.8			
ORIECT Community Anchor Institutions (47 CFR § 54.313(I)(I)(I)) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(I)(I)(I)) Name of Attached Document Listing Required Information Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(I)(I)(I)) Name of Attached Document Listing Required Information Providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information Name of Attached Document Listing Required Information Information Name of Attached Document Listing Required Information Information Information Information Information Infor						
CFR 5 +3.13((2). If further certify that the information reported on this form and in the documents attached below is securate.	<039>					
CFR 5 4.313()(2). I further cretify that the information reported on this form and in the documents attached below is accurate.	CHECK t	he haves below to note compliance on its five year service quality plan (pursuan	t to 47 CFR 5 54 202(a)) and for privately held carriers ensuring co	mnliance with the fina	ancial reporting requirements set forth in 47	
Milestone Certification (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3017 contains the required information pursuant to providing access to broadband service in the preceding calendar year. Sea 131 (f)(1)) the carrier was high provide the number camers, and addresses of community another restitutions to which began providing access to broadband service in the preceding calendar year. Sea 131 (f)(1) the carrier was real provided the number camers and addresses of community another restitutions to which began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information Provided Information	CITECITY				and reporting requirements section at an 47	
Milestone Certification (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3017 contains the required information pursuant to providing access to broadband service in the preceding calendar year. Sea 131 (f)(1)) the carrier was high provide the number camers, and addresses of community another restitutions to which began providing access to broadband service in the preceding calendar year. Sea 131 (f)(1) the carrier was real provided the number camers and addresses of community another restitutions to which began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information Provided Information						
Milestone Certification (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3017 contains the required information pursuant to providing access to broadband service in the preceding calendar year. Sea 131 (f)(1)) the carrier was high provide the number camers, and addresses of community another restitutions to which began providing access to broadband service in the preceding calendar year. Sea 131 (f)(1) the carrier was real provided the number camers and addresses of community another restitutions to which began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information Provided Information						
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to	(3010)					
Please check first box to confirm that the attached document(s), on line 3012 contains the required information pursuant to some and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 3012		Wilestone Certification (47 CFR § 54.515(1)(1)(1)	Name of Attached Document Listing Required Information	on.		
St. 43.13 (II) (1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. St. 43.13 (II) (1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions (47 CFR § 54.313(I)(1)(ii)) Name of Attached Document Usting Required Information (Yes/No) (Ye			* '	DII		
Solid Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document Listing Required Information (Ves/No) Over-No (V	(3011)	Please check this box to confirm that the attached document(s), on line 3t \$ 54.313 (f)(1)(ii) the carrier shall provide the number names and addre	012 contains the required information pursuant to			
Name of Attached Document Listing Required Information (Vex/No) (V			sses of community and of mistrations to which began			
Name of Attached Document Listing Required Information (Vex/No) (V						
Name of Attached Document Listing Required Information (Vex/No) (V						
Byour company a Privately Hed 800 Carrier (at CER § 54.313(f)(2) (Yes,Nos)	(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}				
Byour company a Privately Hed 800 Carrier (at CER § 54.313(f)(2) (Yes,Nos)						
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to \$ 54.313(I)(2) compliance requires:			- 1			
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(I)(2) compliance requires: Blectronic copy of their annual RUS reports (Operating Report for Telecommunications Brorowers)				\bowtie		
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Cash Flows Cash Flow				\cup		
Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information	Please	check these boxes to confirm that the attached document(s), on line 3017	, contains the required information pursuant to § 54.313(f)(2)	compliance requires	:	
3018 Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	(3015)					
If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information (Yes/No) (Yes/No	(2016)	·	th Flows			
Rame of Attached Document Listing Required information Name of Attached Document Listing Required information (Yes/No) O O O O O O O O O	(3010)	Document(s) for balance sheet, income statement and statement of cas	intows	ш		
Rame of Attached Document Listing Required information Name of Attached Document Listing Required information (Yes/No) O O O O O O O O O	(2047)	Mark to the second of the seco				
Name of Attached Document Listing Required Information (Yes/No) If the response is yes on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.3319(p)2, contains (3019) Either a copy of their addited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit if the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to a review by an independent certified public accountant (3044) Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information	(3017)					
If the response is no on line 3014, is your company audited? (Yes/No) O O						
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains [3019] Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications [3020] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3021] Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit if the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: [3022] Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, [3023] Underlying information subjected to a review by an independent certified public accountant [3024] Underlying information subjected to an officer certification. [3025] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3026] Attach the worksheet listing required information			Name of Attached Document Listing Required Information	·-		
confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit if the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information	(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)			
Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains				
Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit if the response is no on line 3018, please check the boxes below to onfirmy our submission, on line 3026 pursuant to § 54.313ft(2), contains: Goy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fo	rmat comparable to RUS Operating Report for Telecommunications			
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information	(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ish Flows			
to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	(3021)	Management letter and audit opinion issued by the independent certified pu	blic accountant that performed the company's financial audit			
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Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, 3023 Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information		to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),				
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Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information						
public accountant (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information				_		
(3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information	(3023)			느		
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information						
(3026) Attach the worksheet listing required information			sh Flows	4		
	()	Security, 15. Salance once, moone statement and statement of Ca	0.1.1040			
Name of Attached Document Listing Required Information	(3026)	Attach the worksheet listing required information				
Name of Attached Document Listing Required Information						
name or attacned bocument tasing nedurea miormation		L	Name of Attached Document Listing Required Information			
			waine of Attached Document Listing Required Information			

(3000) Rate Of Return Carrier Additional Documentation (Continued) Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	449004	

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vondak@cumbytel.com

Financial Data Summary	
(3027) Revenue	
()	
(3028) Operating Expenses	
. , , , , , , , , , , , , , , , , , , ,	
(3029) Net Income	
()	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3033) Total Equity	
(3034) Dividends	
(

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vondak@cumbytel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	449004	
<015>	Study Area Name	CUMBY TEL COOP INC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

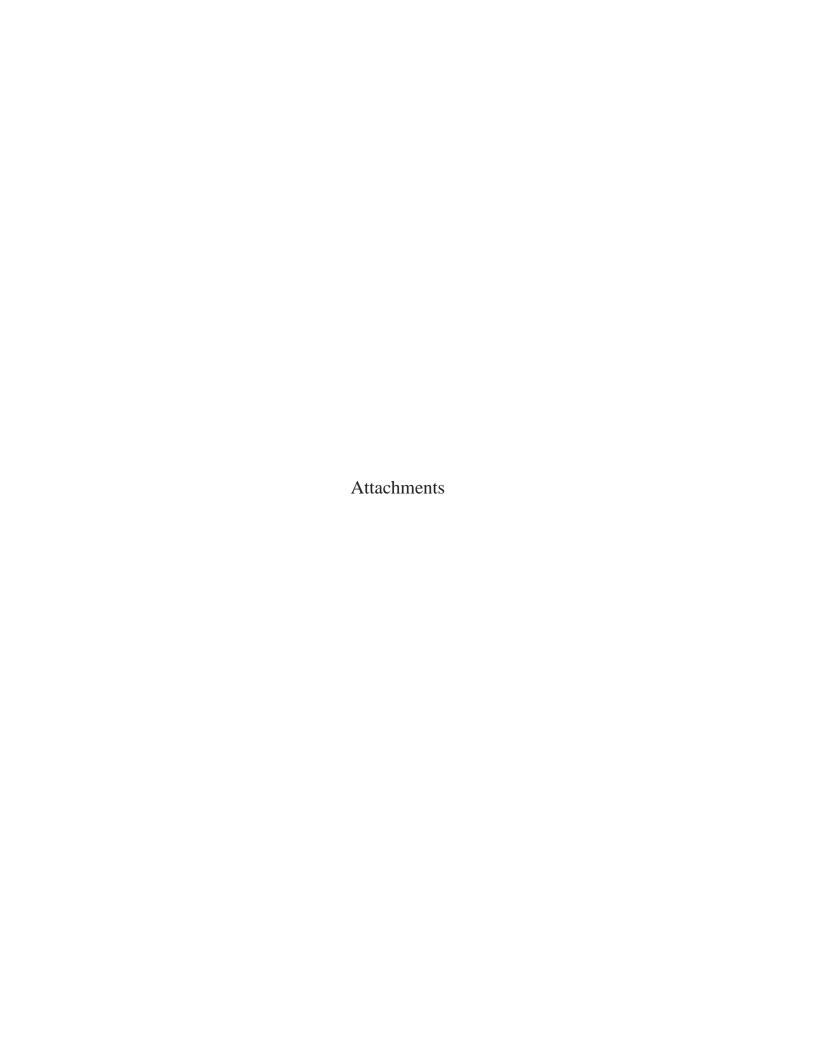
<039> Contact Email Address - Email Address of person identified in data line <030> vondak@cumbytel.com

<035> Contact Telephone Number - Number of person identified in data line <030>

I certify that (Name of Agent) Dorothy Young	to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. I include ensuring the accuracy of the annual data reporting requirements provided to the authorized the authorized agent is accurate.	
Name of Authorized Agent: Dorothy Young		
Name of Reporting Carrier: CUMBY TEL COOP INC		
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/24/2015	
Printed name of Authorized Officer: Karen Zimmerman		
Title or position of Authorized Officer: General Manager		
Telephone number of Authorized Officer: 9039942211 ext.		
Study Area Code of Reporting Carrier: 449004	Filing Due Date for this form: 07/01/2015	
, ,	e or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment f the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on	Behalf of Reportin	ng Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipier		
the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reports. CUMBY TEL COOP INC	orted nerein is accurat	e.
Name of Authorized Agent or Employee of Agent: Dorothy Young		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/24/2015
Printed name of Authorized Agent or Employee of Agent: Dorothy Young		
Title or position of Authorized Agent or Employee of Agent Authorized Representative		
Telephone number of Authorized Agent or Employee of Agent: 5126527726 ext.		
Study Area Code of Reporting Carrier: 449004 Filing Due Date for this form: 07/01/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 18 of the United States Code, 18 U.S.C. § 1001.	U.S.C. §§ 502, 503(b), or	r fine or imprisonment under Title



(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Vonda Kerby
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vondak@cumbytel.com

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
\u1>	1027	1432	1017	Residential Local	\03 <i>></i>	\U42	Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee		Total per line Rates and Fees
TX	ALL		FR	15.0	0.0	0.56	0.0	15.56

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		449004
<015>	Study Area Name		CUMBY TEL COOP INC
<020>	Program Year		2016
<030>	Contact Name - Person U	SAC should contact regarding this data	Vonda Kerby
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - E	Email Address of person identified in data line <030>	vondak@cumbytel.com
<810>	Reporting Carrier	Cumby Telephone Cooperative, Inc.	
<811>	Holding Company	Cumby Telephone Cooperative, Inc.	
<812>	Operating Company	Cumby Telelphone Cooperative, Inc.	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
_	Cumby Telephone Cooperative, Inc.	442065	
_			
		1	
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_		1	
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_		1	
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LINE 510 - SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES COMPLIANCE

Cumby Telephone Cooperative, Inc. (the Cooperative) complies with applicable service quality standards and consumer protection rules as required by the state regulatory commission and the Federal Communications Commission.

The rates, terms, and conditions under which the Cooperative operates are outlined in its Local Services Tariff, which is approved by the Public Utility Commission of Texas (PUCT). The Cooperative's tariff contains provisions regarding its customer service and protection practices, including resolving disputes with the Cooperative, applying for service, the classification of business and residential rates, deposits, billing and payment for service, refusal, disconnection and cancellation of service. The tariff is available for customer review in the Business Office, as requested. Rates and terms of service are disclosed to customers upon application for service both verbally and in writing as part of a packet of information for new customers. Rates, applications and certain terms of service are also available on the Cooperative's website.

Service quality standards for voice service are established by the PUCT and the Cooperative consistently meets or exceeds the standards and provides reports to the PUCT, in accordance with the state commission's rules.

With regard to broadband service, the Cooperative provisions its network and equipment to ensure that its customers can enjoy the speeds to which they subscribe. However, Internet speeds generally result from a "best effort" service and are dependent upon a number of variables, many of which are outside the control of the Cooperative.

The Cooperative complies with any and all consumer protection obligations under state law.

The Cooperative also complies with the following consumer best practices: (1) the Cooperative discloses its rates and terms of service to customers; (2) the Cooperative provides specific disclosures in its advertising; (3) the Cooperative separately identifies carrier charges from taxes on its billing statements; (4) the Cooperative provides ready access to customer service; (5) the Cooperative promptly responds to consumer inquiries and complaints received from government agencies; and (6) the Cooperative abides by policies for protection of consumer privacy.

Finally, the protection of customers' privacy and information is of utmost importance and the Cooperative has a policy and established operating procedures that comply with the FCC's Customer Proprietary Network Information Rules (47 C.F.R. §§64.2001-64.2011). Certification and a description of those operating procedures are filed at the FCC annually.

LINE 610 - ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Cumby Telephone Cooperative, Inc. (the Cooperative) is able to function in emergency situations. The Cooperative has a reasonable amount of back-up power to ensure functionality without an external power source. Standby power generators are supplied at the central office, remote switch sites, and repeater sites to ensure functionality without an external power source until power is restored. The network is capable of managing traffic spikes resulting from emergency situations.

The Cooperative is able to reroute traffic around damaged facilities. Although the Cooperative's ability to reroute traffic around damaged facilities is not absolute and may be limited in certain circumstances, there is a restoration plan in place for expeditious recovery of service, including splicing of damaged facilities when warranted.

LINE 1010 - VOICE SERVICES RATE COMPARABILITY

The Wireline Competition Bureau's most recent reasonable comparability benchmark for voice services is \$47.48, which includes the federal subscriber line charge ("SLC").¹

In the exchanges served by Cumby Telephone Cooperative, Inc., the highest single-line residential local rate, including any mandatory extended area service charge, is \$15.00. When the federal SLC and the state universal service fee are added, the total is less than the reasonable comparability benchmark of \$47.48.

¹ Wireline Competition Bureau Announces Results of 2015 Urban Rate Survey for Fixed Voice and Broadband Services and Posting of Survey Data and Explanatory Notes, Public Notice, WC Docket No. 10-90, DA 15-470 (rel. April 16, 2015).

LINE 1210 - TERMS & CONDITIONS OF VOICE TELEPHONY LIFELINE PLANS

Cumby Telephone Cooperative, Inc. ("the Cooperative") offers Lifeline subscribers in the exchanges of Brashear, Lone Oak, Shirley, and Miller Grove a discount of \$16.20 (federal discount of \$9.25 + state discount of \$3.50 + an additional state reduction of \$3.45) to a standalone residential local exchange service line rate. In these exchanges, the Cooperative's Lifeline rate for single-line residential voice service, including any mandatory extended area service charge and the federal subscriber line charge, is \$3.80 (\$20.00 less the \$16.20).

In the Cooper exchange, the Cooperative offers Lifeline subscribers a discount of \$15.43 (federal discount of \$9.25 + state discount of \$3.50 + an additional state reduction of \$2.68). In this exchange, the Cooperative's Lifeline rate for single-line residential voice service, including any mandatory extended area service charge and the federal subscriber line charge, is \$4.57 (\$20.00 less the \$15.43).

The local exchange access line rate includes an unlimited amount of local calling minutes. Additional charges for toll calls associated with the stand-alone residential access line are billed at the rates of the long distance carrier chosen by the subscriber.

Qualified Lifeline customers may also subscribe to Cumby Flex Pak or Cost Saver Entertainment Pak for Residential customers with the same reductions applied against that portion of the package rate that is for basic network service (one line only). These plans may include a long distance calling plan, internet and broadband services as well as a choice of optional services. Attached are the pages from the Cooperative's Telephone Services Tariff describing the local exchange access rates and terms and conditions of Lifeline service.

II. APPLICATION OF RATES (Continued)

B. Lifeline Program

The Lifeline Program is a retail local service offering designed to make telephone service available at reduced rates to qualifying low-income customers.

1. General

- a. A qualifying low-income customer subscribing to the Lifeline Program shall receive federal and state reductions to their monthly tariffed residential local exchange access line rate. When a Lifeline customer subscribes to a package of services, those same reductions will apply to that portion of the package rate that is for basic network service. In a two-line package, only one line will receive the Lifeline reductions.
- b. Nothing in this section shall prohibit a customer who is otherwise eligible for the Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications services.
- c. The Lifeline Program rate reductions do not apply to long distance service, 976 and other information related telecommunications services, custom calling features, or other ancillary services which may or may not be tariffed. Customers may obtain these services, where available, at their discretion.
- d. The Lifeline Program rate reductions do not apply to service connection charges.

e. The Cooperative may not disconnect the local service of a Lifeline Program customer for the non-payment of toll charges. However, the Cooperative reserves the right to implement toll blocking, at no charge, if the customer incurs a significant balance of unpaid toll bills. The Cooperative will inform the customer, by direct mail, of this change to their service due to the customer's non-payment of toll charges. Upon the customer's payment of all outstanding toll charges, the Cooperative will remove the block without additional cost to the customer.

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II. APPLICATION OF RATES (Continued)

- B. Lifeline Program (Continued)
 - 1. General (Continued)
 - f. Upon subscribing to the Lifeline Program, a customer will be offered a subscription, at no charge, to total toll blocking service or to a limit on the amount of toll calling (in exchanges where technically available); however, the customer is under no obligation to accept toll blocking upon initial subscription to the Lifeline Program.
 - g. The Cooperative will provide Customers who apply for or receive Lifeline service access to available vertical services or custom calling features, including Caller ID, Call Waiting, and Call Blocking, at the same price as its other Customers pay, provided that the Cooperative has the capability to provide such services.
 - h. The Lifeline Program rate reductions will not be available on a retroactive basis unless approved by the Public Utility Commission of Texas or the Low-Income Discount Administrator (LIDA).
 - 2. Designated Lifeline Program Services

The Cooperative shall offer telephony services that provide the following functionalities as designated Lifeline Program services:

- a. Voice grade access to the public switched network or its functional equivalent;
- b. Minutes of use for local service provided at no additional charge to the customer;
- c. Access to emergency services;
- d. Toll blocking services.

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Issued: April 11, 2012

Effective: April 2, 2012

II. APPLICATION OF RATES (Continued)

- B. Lifeline Program (Continued)
 - 3. Eligibility Requirement
 - a. Qualifying Low-income (Eligible) Customer Criteria

An eligible customer shall be defined as an individual who participates in one of the following programs:

1)	Medicaid	(T)
2)		(1)
3)		
4)	Federal Public Housing Assistance (FPHA)	
5)	Low-Income Home Energy Assistance Program (LIHEAP)	
6)	State Child Health Plan (CHIP)	
7)	National School Lunch Program's Free Lunch Program	(N)
8)	Temporary Assistance for Needy Families	(11)

The Lifeline Program rate reductions will be provided per eligible customer. The Low-Income Discount Administrator (LIDA) will provide a list of eligible customers to the Cooperative.

- b. Obligations of the Customer
 - 1) Customers whose annual household income is at or below 150% of the federal poverty guidelines but do not receive benefits under Medicaid, Food Stamps, SSI, FPHA, LIHEAP and the CHIP programs may provide the LIDA with self-enrollment for Lifeline Program benefits. LIDA can be reached at 1-866-4LITEUP.
 - 2) Current customers receiving benefits under these programs will be subject to the Lifeline Program automatic enrollment procedures as provided by the LIDA unless they provide a written request to the LIDA to be excluded from the Lifeline Program.
 - 3) A customer who is eligible for the Lifeline Program, but does not have telephone service shall be responsible for initiating a request for the Lifeline Program from the Cooperative.
- c. Obligations of the Cooperative
 - 1) LIDA will provide a list of eligible customers to the Company on a monthly basis. Upon receipt of the list, the Company shall begin reduced billing for those customers within 30 days.

Issued: April 11, 2012 Effective: June 1, 2012

(T)

(T)

LOCAL EXCHANGE SERVICE

- II. APPLICATION OF RATES (Continued)
 - B. Lifeline Program (Continued)
 - 3. Eligibility Requirement (Continued)
 - d. Discontinuance of Service
 - 1) Discontinuance of Lifeline Discounts for customers automatically enrolled: The eligibility period for automatically enrolled customers is the length of their enrollment in TDHS benefits plus a period of 60 days for renewal. Automatically enrolled customers will have an opportunity to renew their TDHS benefits or self-enrollment with LIDA upon the expiration of their automatic enrollment.
 - 2) Discontinuance of Lifeline Discounts for customers who have self-enrolled: Individuals not receiving benefits through TDHS programs, but who have met Lifeline income qualifications, are eligible to receive the Lifeline Discount for seven months, which includes a period of 60 days during which the customer may renew their eligibility with LIDA for an additional seven months.
 - 4. Deposit and Credit Requirements

The Cooperative will not charge a service deposit in order to initiate the Lifeline Program if the eligible customer voluntarily elects to receive toll blocking.

Issued: September 27, 2005 Effective: September 27, 2005

II. APPLICATION OF RATES (Continued)

- B. Lifeline Program (Continued)
 - 4. Deposit and Credit Requirements (Continued)
 - b. The Cooperative may charge a service deposit if the eligible customer denies subscription to toll blocking upon subscribing to the Lifeline Program.
 - c. In instances where the Cooperative may require a service deposit, the same credit verification procedures and deposit regulations used for all applicants who apply for service with the Cooperative are also applicable to eligible customers for the Lifeline Program.
 - 5. Service Connection Charges
 - a. Service connection charges do not apply to eligible customers with existing, qualifying service converting to the Lifeline Program.
 - b. Service connection charges do apply when:
 - 1) Existing eligible customers requesting additional non-qualifying services at the time Lifeline Program reduced billing is initiated.
 - 2) New customers (those without existing local exchange access service) eligible for the Lifeline Program and establishing qualifying service.
 - 3) Any subsequent moves or changes after initial connection to the Lifeline Program.

(D) | |

Issued: April 11, 2012

Effective: April 2, 2012

1st Revised Page 9 Replacing Original Page 9

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

- B. Lifeline Program (Continued)
 - 6. Lifeline Program Rate Reduction
 - a. Implementation

The Cooperative shall provide reduced billing for all Lifeline Program eligible customers within its service area in accordance with the Commission's Substantive Rules.

(T)(D) (D)

In instances where the customer inquires about participation in the Lifeline Program, the Cooperative shall provide contact information for LIDA.

(T)(D)

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MAY 12 '01 LOST 29326

Effective: Upon Approval

Issued: April 15, 2004

Cumby Telephone Cooperative, Inc.

Telephone Services Tariff

SECTION 1 13th Revised Page 10 Replacing 12th Revised Page 10

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

- B. Lifeline Program (Continued)
 - 6. Lifeline Program Rate Reduction (Continued)
 - b. Amounts

The Cooperative shall apply Lifeline Program rate reductions, per eligible customer, as described below.

		Monthly Rate	e Reduction	
1)	Federal Reduction ¹	\$9.2	5	(C)
2)	Maximum State Reduction to Residential Local Exchange Access Line Rate	\$3.5	0	
3)	Additional State Reduction To Residential Local Exchange Access Line Rate*	<u>Verizon</u>	United/ CenturyLink \$2.68	(T)
	Access Line Rate	ф э.4 5	φ2.00	(\mathbf{C})

¹See 47 C.F.R. Section 54.403 *TUSF Settlement Docket No. 40521

Issued: January 20, 2015 Effective: January 1, 2015

SECTION 1 6th Revised Page 11

Replacing 5th Revised Page 11

LOCAL EXCHANGE SERVICE

LOCAL EXCHANGE SERVICE RATES AND CHARGES III.

Residence Monthly Local Exchange Access Rates (1)(2) A.

Brashear, Lone Oak, Miller Grove:	Monthly Rate	
1-Party Service	\$15.00	
Additional Line	\$15.00	
Expanded Local Calling Service (ELC)	dia la constante de la constan	(D)
Toll Restriction	\$ 1.50 ⁽³⁾	
Digital Subscriber Line (DSL)	\$39.95	
Residence Monthly Local Exchange Acce	ss Rates (1)(2)	

В.

All other exchanges:	Monthly Rate	
1-Party Service	\$15.00	
Additional Line	\$15.00	
Expanded Local Calling Service (ELC)		(D)
Toll Restriction	\$ 1.50 ⁽³⁾	
Digital Subscriber Line (DSL)	\$39.95	

Issued: November 24, 2014

Effective: December 1, 2014

⁽¹⁾ Rates do not include a charge for an instrument or other customer premises equipment.
(2) The appropriate non-recurring charges in Section 2 apply in addition to the monthly rates.
(3) The Secondary Order Charge in Section 2 applies when adding Toll Restriction to an existing account.

Cumby Telephone Cooperative, Inc.

Telephone Services Tariff

SECTION 1 1st Revised Page 13 Replacing Original Page 13

LOCAL EXCHANGE SERVICE

III. LOCAL EXCHANGE SERVICE RATES AND CHARGES (Continued)

E. Residential Package Discounts⁽¹⁾

(T)

1. Basic Package

Local Phone Service (1-Party Service) Expanded Local Calling (ELC) Call Waiting Inside Wire Maintenance

\$1.50 Credit

2. Basic Plus Package

Local Phone Service (1-Party Service)
Expanded Local Calling (ELC)
Auto Redial
Calling Name Delivery
Call Return
Call Waiting
Inside Wire Maintenance

\$3.00 Credit

3. Communications Package

Two Local Exchange Access Lines (Including 1-Party
Service and Expanded Local Calling on Both Lines)
Features on one line:
Auto Redial
Calling Name Delivery
Call Return
Call Waiting
Inside Wire Maintenance

\$4.50 Credit

(1) Individual features listed in each discount package can also be subscribed to separately. Applicable rates are set forth in Section 2 and Section 4 of this Tariff.

(T)

Issued: February 24, 2005

Effective: February 25, 2005

SECTION 1

(T)

2nd Revised Page 14

Replacing 1st Revised Page 14

LOCAL EXCHANGE SERVICE

IV. LOCAL EXCHANGE SERVICE PACKAGE - Residential

LOCAL EACHANGE SERVICE PACKAGE - Residential	
	Monthly
	Rate (1)
Cumby Flex Pak	\$75.85
- Two Access Lines with ELC or EAS	
- OPTIONAL SERVICES – Pick any or All Services (3)	
 Call Forwarding Busy/No Answer 	
- Call Block	
 Call Waiting/Cancel Call Waiting 	
- Remote Access to Call Forwarding	
- Speed Dial (8 numbers)	
- Three Way Calling	
- Call Return	
- Selective Call Forwarding	
- Caller ID Name and Number	
- Anonymous Call Rejection	
- LONG DISTANCE CALLING PLAN (2)(5)	
- Nationwide Calling – 600 minutes	
- INTERNET SERVICE (4)	
- 2Mbps Broadband Service with Unlimited Internet Access	
- UPGRADE LONG DISTANCE SERVICE FOR (2)(5)	
Save on Personal Touch Long Distance Calling Plans	
- Unlimited Nationwide Calling	\$15.00
 UPGRADE BROADBAND SERVICES TO ANY PACKAGE 	(4)
For an additional charge per month	
- 4Mbps Broadband Service	\$20.00
- 6Mbps Broadband Service	\$40.00
- High-Speed Modem Protection	\$2.99
- Wireless Router Equipment Charge	\$3.99
- Email Accounts	\$2.00

Rates do not include applicable state and federal taxes. The End User Common Line Charge, as approved in the Cooperative's Interstate Access Service Tariff, National Exchange Carrier Association, Inc. Tariff FCC No. 5, is not included in the package price.

Issued: August 30, 2012 Effective: September 1, 2012

Package subscribers must subscribe to Personal Touch Long Distance. Upgrade Long Distance Minutes to unlimited plan for an additional fee of \$15.00 per month.

⁽³⁾ Customers can choose any or all features on one or both lines.

⁽⁴⁾ Broadband Service is provided by Cumby Telephone. DSL/Internet Service is available on one access line. Speed for an additional monthly fee.

Upgrade to Broadband 4: \$20.00 more per month Upgrade to Broadband 6: \$40.00 more per month

Toll Calling is provided by Personal Touch Long Distance. Additional minutes above package minutes are at 10 cents per minute. Both access lines share the minutes in each calling plan. Certain restrictions apply.

Cumby Telephone Cooperative, Inc.

Telephone Services Tariff

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LOCAL EXCHANGE SERVICE

IV. LOCAL EXCHANGE SERVICE PACKAGE - Residence

Monthly Rate (1)

Cumby Cost Saver Entertainment Package

- Two Access Lines with ELC or EAS
 - OPTIONAL SERVICES Pick any four features (3)
 - Call Forwarding Busy/No Answer
 - Call Block
 - Call Waiting/Cancel Call Waiting
 - Remote Access to Call Forwarding
 - Speed Dial (8 numbers)
 - Three Way Calling
 - Call Return
 - Selective Call Forwarding
 - Caller ID Name and Number
 - Anonymous Call Rejection
 - LONG DISTANCE CALLING PLAN (2)(5)
 - Nationwide Calling 600 minutes
 - INTERNET SERVICE (4)
 - 2Mbps Broadband Service with Unlimited Internet Access
 - VIDEO SERVICE

Includes all Local and Premium Channels

OPTIONAL SERVICES

For an additional charge per month

- Email Accounts	\$2.00
- Voicemail	\$1.00
UPGRADE BROADBAND SERVICES (4)	7
For an additional charge per month	

-	4Mbps Broadband Service	\$20.00
-	6Mbps Broadband Service	\$40.00
-	10Mbps Broadband Service	\$60.00
-	High-Speed Modem Protection	\$2.99
-	Wireless Router Equipment Charge	\$3.99

Rates do not include applicable state and federal taxes. The End User Common Line Charge, as approved in the Cooperative's Interstate Access Service Tariff, National Exchange Carrier Association, Inc. Tariff FCC No. 5, is not included in the package price.

Issued: November 25, 2013

Effective:

December 1, 2013

⁽²⁾ Package subscribers must subscribe to Personal Touch Long Distance. Upgrade Long Distance Minutes to unlimited plan for an additional fee of \$14.95 per month.

⁽³⁾ Customers can choose up to four features on one or both lines.

Broadband Service is provided by Cumby Telephone. DSL/Internet Service is available on one access line. Speed for an additional monthly fee.

Upgrade to Broadband 4Mbps: \$20,00 more per month Upgrade to Broadband 6Mbps: \$40.00 more per month

Upgrade to Broadband 10Mbps: \$60.00 more per month

Toll Calling is provided by Personal Touch Long Distance. Additional minutes above package minutes are at \$0.10 per minute. Both access lines share the minutes in each calling plan. Certain restrictions apply.